	PATENT A	APPLICATIO Effect		10772060								
CLAIMS AS FILED - PART I (Column 2)							1		ENTITY	OR	OTHER SMALL	
TC	TAL CLAIMS		47					RATE	FEE]	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385:00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 7			XS 9:	63	OR	X\$18=	
INDEPENDENT CLAIMS .			Op m	nus 3 =	. 6			X43=	7	OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					115	1	7	.000	
* If the difference in column 1 is less than zero, enter "0" in column 2								-145=	19	OR	+290=	
/ . / CLAIMS AS AMENDED - PART II								TOTAL	- <i>500</i>	JOR	TOTAL	7000
0	lidos	LAIMS AS A (Column 1)	MENDED - PAHT II (Column 2) (Column 3)					SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING		HIGH NUMI PREVIO	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PAID		EXTRA		7	FEE			FEE
	Total	-5_	Minus	<u>-</u>	<u></u>	0		XS 9=		OR	XS18=	
	Independent	.2	Minus	***	7_	<u> -0</u>		X43=	V	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOT		4	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FE	E.L.	1	ADDIT. FEE	
		CLAIMS		HIGH	ESY		1		ADDI-	1		ADDI-
AMENDMENT B	2122107	REMAINING AFTER AMENDMENT	٠	PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	• 4	Minus	·á	7	- / '		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	(7	• /		X43=		OR	X86=	
ت	10	NIAIION OF BIO	LITTLE DEF	ENDENI	COGM			+145=		OR	+290=	•
	KCE	•			•		ı	ATOTA		OR	TOTAL	-
7-	2907	(Column 1)		(Colum	n 21	(Column 3)	•	ADDIT. FE	E 1		ADDIT. FEE!	
o	•	CLAIMS .		HIGH	5T ·		ſ		ADDI-	1		ADDI-
AMENDMENT (AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	• . 4	Minus	-2	7	· 6		X\$ 9=	17	OR	X\$18-	
	independ nt	٠ 2	Minus	••• C	ĵ · ·	.6		X43=	1		X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		}		 	OR		
* If the eater is entiren t is free than the eater is entired to unknown to								+145=		OR	+290=	
"If the entry is column 1 is tess than the entry in column 2, write "of in column 3" If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT, FEE OR ADDIT, FEE												
		ber Previously Paid					r tou	e eft ai bm	ppropriate bo	x in cot	umn 1.	1

Application or Docket Number